Church's Financial Planning Ltd

Confidential Questionnaire

Name: _____

Date: _____

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Telephone: 01420 479463 Fax: 01420 476746
www.churchsfp.co.uk

About You

Please tell us about yourself and your partner.

	About You	Spouse / Partner
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth		
⊕ Marital Status	☐ Married or Civil Partnership ☐ Not Married	

Advisors Note: ⊕ Indicates importable value.

Notes

Enter additional information below

Address

Address Line 1		
Address Line 2		
Town/City, County		
Post Code, Country		

	About You	Spouse / Partner
Home Phone Number		
Business Phone Number		
Mobile		
Email Address		

Your Family

Please tell us about your children and any other family members and dependants that you would like to include in your financial plans.

	Family Member / Dependant (1)	Family Member / Dependant (2)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth		
⊕ Relationship	Child	Child

Notes

Enter additional information below

	Family Member / Dependant (3)	Family Member / Dependant (4)
⊕ Forename		
⊕ Surname		
⊕ Gender	☐ Male ☐ Female	☐ Male ☐ Female
dd/mm/yyyy ⊕ Date of Birth		
⊕ Relationship	Child	Child

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Employment

Enter below details of your employment earnings including salary, wages, commissions and bonuses. Other sources of income, such as rental income or royalties, should be entered separately in the next section, "Other Income".

	Employment (1)	Employment (2)
⊕ Earner / Recipient	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Occupation or Employer		
- Please enter annual salary before taxes ⊕ Gross Annual Salary	£	£
- Average annual bonuses and commissions ⊕ Other Earnings (Bonuses, Commissions)	£	£
- Average annual value of any benefits received in kind ⊕ Benefits in Kind	£	£

Self-Employed or Company Owner?

⊕ Are you self-employed?	☐ Yes ☐ No	☐ Yes ☐ No
- If yes, enter any earnings on average from company dividends ⊕ Are you a company owner?	☐ Yes ☐ No	☐ Yes ☐ No
⊕ Company Dividends	£	£

Pensions and Other Benefits?

- If yes, enter additional details in the **Money Purchase** or **Final Salary** sections of this questionnaire Do you participate in an employer-sponsored pension scheme?	☐ Yes ☐ No	☐ Yes ☐ No
Type of pension scheme?	☐ Money Purchase ☐ Final Salary	☐ Money Purchase ☐ Final Salary
- Does your employer or company offer other benefits that should be considered in your financial plan? - Click any that apply. - Further details may be noted right. **Other benefits for consideration in your financial plan?**	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)	☐ Income Protection / Redundancy Cover ☐ Death in Service Life Assurance ☐ Death in Service Widow's Pension ☐ Stock Purchase Plan ☐ Other (please specify in notes, right)

Notes

Enter additional information below

Additional employment income?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Retirement

Please tell us about your retirement plans. At what age do you expect to retire or are you already retired?

- Please enter any related details right.

	You	Spouse / Partner
⊕ Are you already retired?	☐ Yes ☐ No	☐ Yes ☐ No
⊕ If not, what is your planned retirement age?	65	65

Notes
Enter additional information below

Advisors Note: ⊕ Indicates importable value.

Taxes or Rebates Due from Last Year

Do you have any taxes due or are you expecting rebates from the previous tax year?

	You	Spouse / Partner
Do you have taxes due or rebates expected from the previous tax year?	☐ Yes ☐ No	☐ Yes ☐ No
Taxes Due	£	£
Expected Rebate	£	£

Notes
Enter additional information below

Advisors Note: Not currently importable.

Savings and Investments

Please provide information about your savings and investments. Entries may include stock market and other long-term investments, ISAs, individual stocks and shares, unit trusts, OEICs and Life Funds.

	Savings / Investment (1)	Savings / Investment (2)
⊕ Type of Investment or Savings	Savings Account	Savings Account
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Advisors Note: ⊕ Indicates importable value.

	Savings / Investment (3)	Savings / Investment (4)
⊕ Type of Investment or Savings	Savings Account	Savings Account
⊕ Name of Account, Bank, or Institution		
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
⊕ Current Balance	£	£
⊕ Regular Contributions?	£ - Per year, if applicable.	£ - Per year, if applicable.
Remaining Term?	- Years, if applicable.	- Years, if applicable.

Notes

Enter additional information below

Additional savings and investments?

Click here for additional forms.

Pensions – Money Purchases

Please tell us about your pension arrangements. Enter here details of money purchase schemes, personal pensions (including stakeholder), and self-invested personal pensions. **Note:** Do not include any pensions from which you are already drawing an income. These should be entered separately in the **Drawdowns** and **Annuities** sections of this questionnaire. Defined benefit schemes (final salaries) should also be entered separately under **Final Salaries**.

	Money Purchase (1)	Money Purchase (2)
⊕ Type of Money Purchase	Personal Pension	Personal Pension
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or 0% annual contribution amount or % of salary	£ - or 0% annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or 0% annual contribution amount or % of salary	£ - or 0% annual contribution amount or % of salary

Notes

Enter additional information below

	Money Purchase (3)	Money Purchase (4)
⊕ Type of Money Purchase	Personal Pension	Personal Pension
⊕ Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
⊕ Name of Pension or Employer		
⊕ Current Value (Account Balance)	£	£
Retirement Age		
⊕ Your Contributions - If applicable - Enter either as an annual amount (before tax) or as % of salary	£ - or 0% annual contribution amount or % of salary	£ - or 0% annual contribution amount or % of salary
Your Employer's Contributions - If applicable - Enter either as an annual amount or as % of salary	£ - or 0% annual contribution amount or % of salary	£ - or 0% annual contribution amount or % of salary

Notes

Enter additional information below

Additional money purchases?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Pensions – Final Salaries

Please tell us about your pension arrangements. Enter here details of final salaries (defined benefit schemes).

	Final Salary (1)	Final Salary (2)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current - Enter current or estimated future pension income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age - If presently active member or if pension is deferred		
Survivor Benefits? - Leave blank, if unknown		

Survivor benefits might include:
- Death in Service / Widow's Pension
- Death in Deferment Benefits

Notes

Enter additional information

	Final Salary (3)	Final Salary (4)
Owner	☐ You ☐ Spouse/Partner	☐ You ☐ Spouse/Partner
Name of Pension or Employer		
Active Member?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes - Years of Service		
If No - Are you currently receiving payments?	☐ Yes ☐ No, payments are deferred	☐ Yes ☐ No, payments are deferred
Pension – Income Expected or Current - Enter current or estimated future pension income before tax	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
Retirement Age - If presently active member or if pension is deferred		
Survivor Benefits? - Leave blank, if unknown		

Notes

Enter additional information

Additional final salaries?

Click here for additional forms.

Advisors Note: Not currently importable.

State Pensions

Please tell us about the State Pension benefits you are currently receiving.

If you are not presently receiving benefits but have your benefit forecast from the Pension Service, enter your estimated future pension benefit. The Pension Service provides an online pension forecast application, which can be accessed on the Directgov website.

	You	Spouse/Partner
Are you currently receiving a state pension?	☐ Yes ☐ No	☐ Yes ☐ No
Current or Forecast Pension	£ ☐ Yearly ☐ Monthly ☐ Weekly	£ ☐ Yearly ☐ Monthly ☐ Weekly

Advisors Note: Not currently importable.

Notes

Enter additional information

Property and Other Assets

Please tell us about any properties you own including real property, businesses and other assets such as vehicles, boats, jewellery, and collectibles.

	Property (1)	Property (2)
⊕ Name or Description		
⊕ Type of Property	Primary Residence	Primary Residence
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

	Property (3)	Property (4)
⊕ Name or Description		
⊕ Type of Property	Primary Residence	Primary Residence
⊕ Current Value	£	£
⊕ Original Purchase Value - If unknown, leave blank	£	£
⊕ Owner(s)	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
Mortgage / Other Associated Debts? - If yes, enter details under "Debts and Mortgages"	☐ Yes ☐ No	☐ Yes ☐ No
Income from Property? - e.g. rental income	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly	☐ No ☐ Yes - £ ☐ Yearly ☐ Monthly

Notes

Enter additional information below

Additional properties/assets?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Debts

Please tell us about your debts including mortgages, personal loans and outstanding credit card balances.

	Debt (1)	Debt (2)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt	Mortgage	Mortgage
⊕ Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	0.000% ⊕ Interest Only Loan? ☐ Yes ☐ No	0.000% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

	Debt (3)	Debt (4)
⊕ Name or Description		
- If other, please specify ⊕ Type of Debt	Mortgage	Mortgage
Outstanding Balance	£	£
⊕ Repayment Amount	£ ☐ Yearly ☐ Monthly	£ ☐ Yearly ☐ Monthly
⊕ Interest Rate	0.000% ⊕ Interest Only Loan? ☐ Yes ☐ No	0.000% Interest Only Loan? ☐ Yes ☐ No
⊕ Owner(s) of Debt	☐ You ☐ Spouse/Partner ☐ Owned Jointly	☐ You ☐ Spouse/Partner ☐ Owned Jointly
- If mortgage Associated Home, Property		

Notes

Enter additional information below

Additional debts?

Click here for additional forms.

Advisors Note: ⊕ Indicates importable value.

Protection – Term Life

Please tell us details of arrangements designed to protect you and/or your family in the event of death or long term incapacity. Include employee benefits and any personal policies.

	Term Policy 1	Term Policy 2
Name of Insurer or Policy		
Name of Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Amount of Cover	£	£
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover		
Term Remaining		

- Leave section blank if the policy is an employment benefit
- Leave section blank if personal policy
- Usually a multiple or percentage of salary
- Leave blank if term is duration of employment

Notes

Enter additional information below

Additional term life cover?

Click here for additional forms.

Advisors Note: Not currently importable.

Protection – Income Protection

Use the following forms, if needed, to tell us about income protection policies you want to consider in your financial plans. Include employee benefits and any personal policies.

	Income Protection Policy 1	Income Protection Policy 2
Name of Policy or Insurer		
Person(s) Covered		
Type of Policy	☐ Personal Policy ☐ Employee Benefit	☐ Personal Policy ☐ Employee Benefit
PERSONAL POLICY		
Premium	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Amount of Cover	£ Paid ☐ Monthly ☐ Annually	£ Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years
Maximum Benefit Age		
EMPLOYEE BENEFIT		
Name of Employer		
Amount of Cover	£ -or- 0% of salary Paid ☐ Monthly ☐ Annually	£ -or- 0% of salary Paid ☐ Monthly ☐ Annually
Maximum Duration of Benefit	Years	Years

- Leave section blank if the policy is an employment benefit

- Leave section blank if personal policy

Notes

Enter additional information below

Additional income protection?

Click here for additional forms.

Advisors Note: Not currently importable.

Expenses

Please enter either **(a)** your total household expenses (monthly or yearly) or **(b)** itemise them in the following worksheets.

a. Total Household Expenses

£ ☐ Monthly ☐ Yearly

b. Household Expense Worksheet

Advisors Note: ⊕ Indicates importable value.

Expense ⊕	Amount ⊕	Paid ⊕
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
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	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly

Expenses

Household Expense Worksheet (continued)

Advisors Note: ⊕ Indicates importable value.

Expense ⊕	Amount ⊕	Paid ⊕
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
	£	☐ Monthly ☐ Yearly
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	£	☐ Monthly ☐ Yearly

Wills – Estate Plans

Please tell us about your current intentions in respect of your estate in the event of your death.

		You	Spouse / Partner
- If yes, please outline briefly its terms and provisions in the space below.	**Have you made a will?**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

Advisors Note: Not importable.

Other Information

Please use this space to provide any further information that you feel might be relevant to your financial planning needs, e.g. possible future changes in circumstances (work or family), potential future financial windfalls or planned major expenditure.

Advisors Note: Not importable.